



B/IFW

Docket No. 2000-039RCE
PATENT

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 10-18-04

BY: Suzanne Shadley
Suzanne Shadley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Falcioni et al.	Confirmation No.	3082
Serial No.:	09/840,003	Group Art Unit:	1631
Filed:	4/19/2001	Examiner:	Allen, Marianne
For:	Combinatorial Parameter Space Experiment Design		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

<input type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement
<input type="checkbox"/> Response/Amendment	<input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2)
<input type="checkbox"/> Response/Amendment After Final	<input type="checkbox"/> Formal Drawings
<input type="checkbox"/> Supplemental Amendment	<input type="checkbox"/> Declaration Under 37 CFR 1.131
<input type="checkbox"/> Affidavits/Declarations	<input type="checkbox"/> Declaration Under 37 CFR 1.132
<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Supplemental Declaration	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal
<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Petition
<input type="checkbox"/> Response to Missing Parts	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address	<input type="checkbox"/> Statement Under 37 CFR 3.73(b)

to be filed in the above-identified patent application.

No fee is required.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0496.

A duplicate copy of this Transmittal Letter is transmitted herewith.

Respectfully submitted,



Timothy A. Porter
Reg. No. 41,258
Attorney for Applicant

Date: 10/18/04
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Attorney Docket No. 2000-039RCE
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Falcioni et al.

Confirmation No. 3082

Serial No.: 09/840,003

Group Art Unit: 1631

Filed: 4/19/01

For: Combinatorial Parameter Space
Experiment Design

Examiner: Allen, M.

Santa Clara, California
October 18, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

The applicant requests that the references cited herein be considered in connection with the examination of this application. The references are listed on the attached PTO-1449 form.

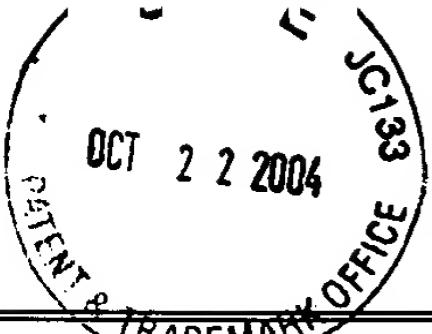
Copies of the references are enclosed.

The applicant believes that no fee is required for submission of this statement. If a fee is required, the Commissioner is authorized to deduct such fee from Deposit Account No. 50-0496.

Respectfully submitted,

Timothy A. Porter
Registration No. 41,258
Attorney for Applicant

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Examiner: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.